Mr John Alexander-Williams

New President of the British Society of Gastroenterology 1986/7

Mr John Alexander Williams becomes the President of our Society in its Jubilee year. The Society could not have chosen a better President to head its business in the year marking the 50th anniversary of its existence.

Mr Alexander Williams brings to the post a brilliant and distinguished career in clinical surgery and surgical research and an analeptic personality which will provide a proper focus for official celebrations.

Mr Alexander Williams trained at the University of Birmingham and is a consultant surgeon at the Birmingham General Hospital. He has been Hunterian Professor at the Royal College of Surgeons on two occasions and his many distinctions include visiting professorships in Australia, Switzerland, United States, The Netherlands, South Africa, Egypt, and France. He has lectured and chaired scientific meetings all over the world and has held office in numerous national and international societies, editorial boards, and committees.

His department has a steady flow of postgraduate Fellows from all corners of the globe. Mr Alexander Williams’s surgical and research interests embrace the management of gastric and biliary disease, and Crohn’s disease. He has written extensively on the sequelae of gastric operations, inflammatory colonic disease, and perianal conditions and is an international authority in these areas. His immense energy and enjoyment of life spill over into skiing and swimming and he is also interested in painting, drawing, and writing. Foreign travel and joking are idiosyncratic pursuits of his. We look forward with pleasure to his Presidency of the British Society of Gastroenterology.

Correspondence

Effect of cimetidine in pancreatic steatorrhoea

Sir,—May we reply to the letter from Drs Schöni and Kraemer (Gut 1986; 27: 350–1) about our recent report on the effect of cimetidine on fat digestion and solubilisation in cystic fibrosis? We did not examine the effect of cimetidine on fat absorption in our study, but it is reasonable to argue that it will depend, in part, on the effect on fat solubilisation. We cited six studies in which adjunctive cimetidine treatment improved fat absorption.

Whether this improves nutrition is more contentious as there are many determinants of nutritional status in cystic fibrosis. We agree that no long term trial has shown that cimetidine treatment improves nutritional status, but we think that this reflects problems in the design of published trials rather than the efficacy of the treatment.

A clinical trial investigating the efficacy of cimetidine in improving nutrition clearly should recruit only patients in whom the clinician would consider using the drug—that is, those who are severely malnourished, who have severe steatorrhoea, and in whom adjunctive cimetidine has proved effective in improving fat absorption (not all patients respond). In trials using enteric coated pancreatin (the most widely used preparation in the UK) in the ‘conven-